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CLINICAL IMAGE

Dieulafoy's lesion: A case report[☆]

Lesión de Dieulafoy: reporte de un caso

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Received 1 April 2015; accepted 1 May 2015

Dieulafoy's lesion

A 26-year-old man suffered from chronic alcoholism and had multiple body tattoos and perforations. Illness began 5 days prior to hospital admission with hematemesis and recurrent melena and he presented with hemodynamic decompensation and shock. The patient stated that he did not take nonsteroidal anti-inflammatory agents or other drugs and he had no signs of peptic acid disease. Physical examination revealed blood pressure of 80/40 mmHg, heart rate 130 min, generalized pallor, diaphoresis, and no hepatopathy stigmata. Laboratory work-up reported: hemoglobin 3.62 mg/dl, MCV 93.2 μ^3 , MCH 34.2 g/dl, leukocytes 7,470 mm³, and platelets 151,000 mm³. Blood chemistry showed normal serum electrolytes and liver function tests; AcHC, HBsAg, and HIV were negative. Liver ultrasound was normal. Endoscopy revealed Dieulafoy's lesion in the gastric fundus at 4 cm from the cardia with active bleeding (figs. 1 and 2). Sclerotherapy with polidocanol at 1% was performed and bleeding was controlled (fig. 3). The patient remained asymptomatic and was released one week later with Hb of 9.2 mg/dl.

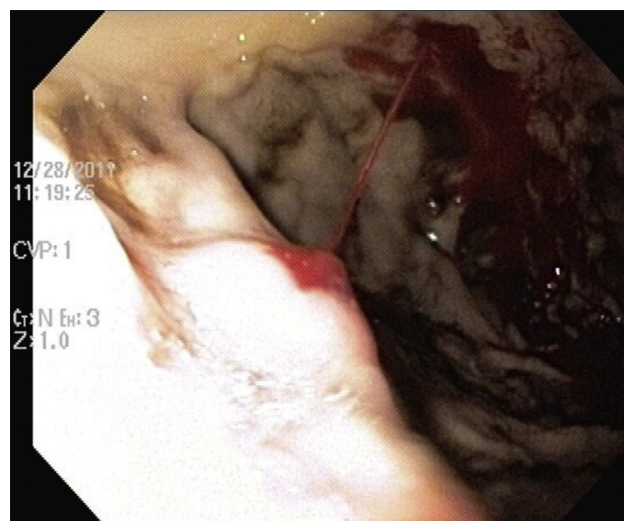


Figure 1 Active bleeding.

[☆] Please cite this article as: Rodríguez-Jacobo S, Jacobo-Karam JS. Lesión de Dieulafoy: reporte de un caso. Revista de Gastroenterología de México. 2015;80:278–279.

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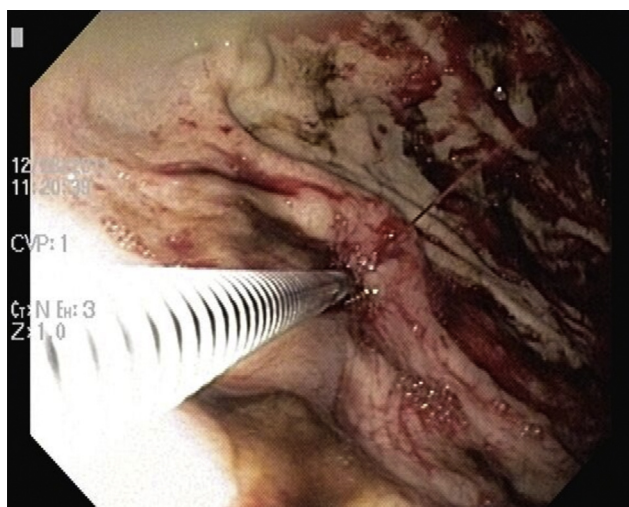


Figure 2 Sclerosis of the Dieulafoy's lesion.

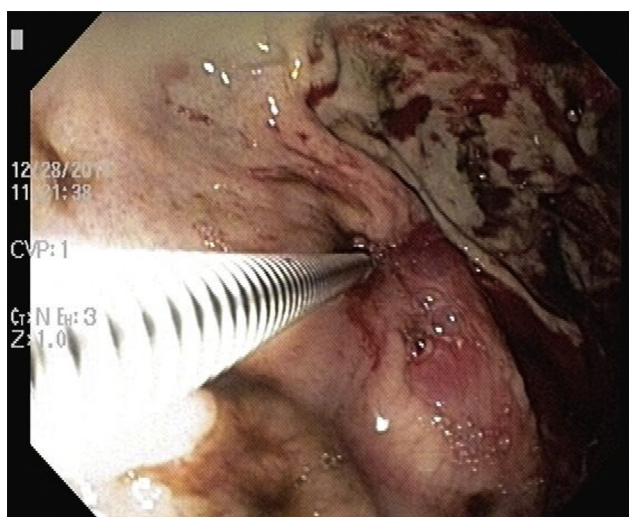


Figure 3 Control of bleeding.

Ethical responsibilities

Protection of persons and animals. The authors declare that no experiments were performed on humans or animals for this study.

Data confidentiality. The authors declare that they have followed the protocols of their work center in relation to the publication of patient data.

Right to privacy and informed consent. The authors have obtained the informed consent of the patients and/or subjects referred to in the article. This document is in the possession of the corresponding author.

Financial disclosure

No financial support was received in relation to this study/article.

Conflict of interest

The authors declare that there is no conflict of interest.